

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 09, 2022

Monica Flagg Elite Alternatives, Inc. 3330 Primary Rd. Auburn Hills, MI 48326

#### RE: License #: AS630012584 Gilsam Group Home 1896 Gilsam Rochester Hills, MI 48309

Dear Ms. Flagg:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

Stephanie Donzalez

Stephanie Gonzalez, LCSW Adult Foster Care Licensing Consultant Bureau of Community and Health Systems Department of Licensing and Regulatory Affairs Cadillac Place, Ste 9-100 Detroit, MI 48202 Cell: 248-514-9391 Fax: 517-763-0204 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

#### MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

## I. IDENTIFYING INFORMATION

License #:	AS630012584	
Licensee Name:	Elite Alternatives, Inc.	
Licensee Address:	3330 Primary Rd Auburn Hills, MI  48326	
Licensee Telephone #:	(248) 852-2065	
Licensee Designee:	Monica Flagg	
Administrator:	Monica Flagg	
Name of Facility:	Gilsam Group Home	
Facility Address:	1896 Gilsam Rochester Hills, MI  48309	
Facility Telephone #:	(248) 852-1367	
Original Issuance Date:	1/15/1998	
Capacity:	6	
Program Type:	DEVELOPMENTALLY DISABLED	
Certified Programs:	DEVELOPMENTALLY DISABLED	

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s	s): 09/07/	2022
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Environmental/Health Inspection if applicable: N/A		
Inspection Type:	Interview and Observation	on 🛛 Worksheet 🗍 Full Fire Safety
No. of staff interviewed and/or observed3No. of residents interviewed and/or observed4No. of others interviewedRole:		
• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No I If no, explain. The inspection was conducted outside of meal preparation hours.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A</li> <li>If no, explain.</li> <li>Water temperatures checked? Yes No I If no, explain.</li> </ul>		
● Incident report follow-up? Yes ⊠ No □ If no, explain.		
<ul> <li>Corrective action plan on N/A </li> <li>Number of excluded en</li> </ul>	compliance verified? Yes	CAP date/s and rule/s:
	ease explain)No 🔲 N/A 🖂	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The hallway door has several holes, is detached from the hinges and unable to fully latch shut.

All of the resident bedroom and bathroom doorways are damaged and in need of repair.

Bathroom #1 has cabinet doors hat are damaged and unable to fully close.

The front screen door is damaged and unable to fully close and latch closed.

Three of the dining room chairs are broken and in need of repair.

The back exit door is off alignment and unable to fully latch closed.

### R 400.14403 Maintenance of premises.

# (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

The hallway wall has two large holes that need to be repaired.

The carpet in the living room has several rips and tears.

### R 400.14408 Bedrooms generally.

 (4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.
 Bedroom #1 does not have a door installed.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Stephanie Donzalez

9/9/2022

Stephanie Gonzalez Licensing Consultant

Date